

# Editorial

## Martin Newman

For some professionals, helping and talking with children and adolescents may be particularly challenging. Even professionals who work regularly with children and adolescents may feel inexperienced or ill at ease when discussing bereavement with them. Such discussions may be particularly difficult when the bereavement has occurred as a result of a trauma, such as a killing, accident, or parental suicide.

Previous issues of *Bereavement Care* have covered some of the issues that may arise. For example, Simone (2008) reported on an exploration of adults' experiences of childhood or adult losses after parental suicide, and her research found that family communication in its aftermath may be severely disrupted. Oldam and Nourse (2006) reported on themes from a workshop of adults who, as children, were bereaved by homicide of a parent or sibling. They reported that the group felt that areas needing improvement were how children were told of a homicide, the quality of the information provided, and advice and support about if and how to view the body. Elsewhere, Harris-Hendriks, Black & Kaplan (2000) have described the possibility of a 'conspiracy of silence' developing inadvertently, when adults avoid talking about stressful events such as a bereavement with a young person for fear of upsetting them, whilst the children do not speak of their distress because they sense that the adults are avoiding the issue.

Thus, research that highlights what bereaved children need will be of great value to professionals in such work, and our Spotlight on Practice papers in this issue help provide the information needed. Jones, Keegan and Deane's paper on the Irish Childhood Bereavement Care Pyramid provides information on the risks of childhood bereavement, the needs of bereaved children, and how a 'pyramid' of structures was developed to help ensure that the needs of such children are recognised and met. In our second Spotlight article, Holland and Wilkinson present a comparative study of how schools in North Suffolk and Hull Yorkshire are prepared for responding to child bereavement, identifying the various ways in which schools aim to provide information and help for bereaved children. Books in libraries are increasingly being replaced by on-line resources so it is essential that there are high-quality on-line resources for both bereaved people and those supporting them to turn to.

A pyramid model of care also appears in Brown and Gardner's article, this time used within a hospital bereavement service. The authors discuss their qualitative

evaluation of a service for adults, identifying what services and facilities may be helpful. As the authors point out, bereaved adults may have very varying needs – for example, some may wish to re-visit the hospital, others may wish to avoid it; some may find groups helpful, others may not. Most services now, in all areas, regularly ask for patient/client feedback, and this can help identify potential areas of unmet need, and guide the development of future services.

Machin, Bartlam and Bartlam are also concerned with identifying different levels of need – they describe the Adult Attitude to Grief Scale and its use in identifying levels of vulnerability in bereaved clients. This highlights another aspect of present-day clinical practice – the introduction of various questionnaires and measures that identify those most in need of services, monitor the response to therapy/intervention, and providing evidence of effectiveness when seeking resources or funding. The authors' hope that identifying the most vulnerable people can help avoid 'one-size fits all' processes of care, and move towards one where 'the matching of clearly-appraised individual need and appropriate interventions can effectively enhance growth through grief even in complex situations.'

In this issue we also include two personal accounts where the authors have searched for growth even through the most difficult times. Kathryn Rosenberg's First Person describes how her personal experience of looking after her dying sister and the subsequent bereavement helped her appreciate certain things more – which she describes as the 'gifts' of grief. Finally, in our Bereavement in the Arts feature, Jane Harris and Jimmy Edmonds discuss how they have used photography in various ways to explore grief and maintain a continuing bond with their son following his sudden death in a road traffic accident. As I mentioned in a previous editorial (Summer 2013), the Bereavement in the Arts section was initially expected to provide opportunities for contributors to discuss a piece of art that they found had contributed towards their understanding of bereavement. What has become clear is that, for some bereaved people, the making of their own works of art is an important contribution to their grieving. ■

Harris-Hendricks J, Black D, Kaplan T (2000). *When father kills mother* (2nd Edition). London: Routledge.

Oldam A, Nourse C (2006). 'Forgotten victims'?—adults look back on their childhood bereavement by homicide. *Bereavement Care* 25(1) 12-14

Simone C (2008). Parental suicide: the long-term impact on children and young people. *Bereavement Care* 27 3 43-46.